

Applicant Initiated Interview Request Form

Application No.: 10 /823,224
Examiner: Craig RennerFirst Named Applicant: Jess B. Pool
Art Unit: 2627 Status of Application: PendingTentative Participants:
(1) Examiner Renner
(3) _____(2) Mitchell K. McCarthy
(4) _____RECEIVED
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Proposed Date of Interview: To be determined by Examiner

Proposed Time: _____ (AM/PM)

Type of Interview Requested:

(1) Telephonic (2) Personal (3) Video ConferenceExhibit To Be Shown or Demonstrated: YES NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej.	1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Rej.	12	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej.	19	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[] Continuation Sheet Attached					

Brief Description of Arguments to be Presented:

Interview is necessary to discuss Applicant's traversal of restriction requirement.

An interview was conducted on the above-identified application on _____

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature_____
Examiner/SPE Signature_____
Mitchell K. McCarthy
Typed/Printed Name of Applicant or Representative_____
38,794
Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE, Washington, DC 20591-0001. Reference ID: 4052329659

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FACSIMILE TRANSMISSION COVER SHEETDATE: November 13, 2006

AUTO QUOTE: 73839

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 21

FROM: Mitchell K. McCarthy, Registration No. 38,794**TO:** Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 2627	571/273-8300	571/272-4100

RE: Application No. 10/823,224
In re application of: Jess B. Pool, et al.
Assignee: SEAGATE TECHNOLOGY LLC
Dkt. No.: STL11631

IF YOU DO NOT RECEIVE ALL OF THE PAGES OR IF ANY ARE ILLEGIBLE, PLEASE
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PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jess B. Pool, David Allsup and Curtis Trammell
Assignee: SEAGATE TECHNOLOGY LLC
Application No.: 10/823,224 Group No.: 2627
Filed: April 13, 2004 Examiner: Craig Renner
For: OVERMOLDED INPUT/OUTPUT CONNECTOR (as amended)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION

By facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Diana C. Anderson

Signature

Diana C. Anderson

(type or print name of person certifying)

Date: November 13, 2006

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY				
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA					ADDIT. FEE
TOTAL	24	- 21	= 3	x \$ 50.00	= \$	150.00	
INDEP.	4	- 3	= 1	x \$ 200.00	= \$	200.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL			
				ADDIT. FEE			\$ 350.00

Total additional fee for claims required \$350.00

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$470.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 06-0540.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Date: 11/13/2006

Respectfully submitted,



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